

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 2
2. AMENDMENT/MODIFICATION NO 0002	3. EFFECTIVE DATE 10/18/2010	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (if applicable)
6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	CODE FMPS	7. ADMINISTERED BY (if other than Item 6) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	CODE FMPS
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) WINONA COMMUNITY MEMORIAL HOSPITAL ATTN RACHELLE SCHULTZ CEOADMIN 855 MANKOTO AVENUE WINONA MN 55987-0600		(X) 9A. AMENDMENT OF SOLICITATION NO.	9B. DATED (SEE ITEM 11)
CODE	FACILITY CODE	X 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-10-0132	10B. DATED (SEE ITEM 13) 03/22/2010

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required) Net Increase: \$200.64
0100A10DPS-2010-1117900000-EXFM004310-252E0

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) UNILATERAL MODIFICATION, FAR 43.103(b)

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ 0 _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: [REDACTED]
BASIC CONTRACT: 10/01/09 THRU 09/30/10
HOSPITAL ID# 3M187055

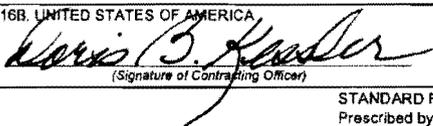
Modification No. 0002 adjusts the quantity of surveillance reports for FY-2010 as follows:

ITEM #1 is changed as follows: (see page 2).

For FY-2010 the total amount of this contract is increased by \$200.64, from \$10,884.48 to \$11,085.12.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Doris B. Kessler	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED 10/18/2010

NAME OF OFFEROR OR CONTRACTOR
WINONA COMMUNITY MEMORIAL HOSPITAL

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>TOTAL QTY FOR ITEM #1: 1,819/EA Discount Terms: Net 30 Payment: CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 BETHESDA MD 20814 FOB: Destination</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p> <p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 500 MAXIMUM QTY: 2,500</p> <p>Period of Performance: 10/01/2009 to 09/30/2010</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFEC</p>	33	EA	6.08	200.64



UNITED STATES
 CONSUMER PRODUCT SAFETY COMMISSION
 BETHESDA, MD 20814

Memorandum

Date: October 18, 2010

TO : N.J. SCHEERS, DIRECTOR
 DIVISION OF PLANNING, BUDGET AND EVALUATION

THRU : DAVID SHOPE, BUDGET ANALYST *DS*

FROM : DODIE KESSLER, CONTRACT SPECIALIST

SUBJECT : CERTIFICATION OF PRIOR YEAR FUNDS

MON: N/10/4310/001 REQ: 4310-09-0018

CONTRACTOR/SOURCE: SEE LIST BELOW

PRODUCT/SERVICES: NEISS SURVEILLANCE REPORTS, FY 2010

ACCOUNTING AND APPROPRIATION DATA

0100A10DPS 2010 1117900000 EXFM004310 252E0

Prior year funds in the amount of \$2,520.38 are certified available.

CPSC-N-10-0023	Debbie Huffman (Miami Valley)	\$ 126.00
CPSC-N-10-0026	Margo Yoder (Hopedale)	117.60
CPSC-N-10-0028	Susan Perez (Mercy Hosp.)	216.92
CPSC-N-10-0043	Michele Henley (Johnson City)	1,751.42
CPSC-N-10-0091	Sutter Solano Med. Ctr.	107.80
CPSC-N-10-0132	Winona Community Mem. Hos.	<u>200.64</u>
		\$2,520.38

These increases are necessary inasmuch as the hospitals/3rd parties listed above reported more surveillance reports than originally estimated for these contracts.

10-19-20
 Date

Signature *CP Just*

IF YOU HAVE ANY QUESTIONS, CALL DODIE ON EXT. 7037